

HOW TO APPLY AND WHAT TO PUT WITH YOUR APPLICATION

ONLY COMPLETE AND SUBMIT ONE APPLICATION

- 1. Answer every question on both sides of the application. Leaving things blank will cause a delay.**
- 2. Include a copy of your last fuel bill for the main fuel you use to heat your home.**
IF YOU HAVE A DISCONNECT NOTICE INCLUDE IT:
 - **If your disconnect notice is for another fuel you use for backup of your main heat source, (space heaters, electricity to make your heater work, etc.) contact the agency that is shown in the top left corner of your application. You may be able to get assistance with it as well, and avoid being shut off.**
- 3. Provide copies of social security cards or other verification of social security numbers. If you applied last year for assistance, or if you are receiving assistance from Family Support Division, you will not need to provide this information.**
- 4. Provide proof of last month's income for every person living in your home, (wage stubs, grant letters or assistance award letters, Social Security award letters, etc.)**
 - **If you are receiving Food Stamps or TANF, you will not need to provide this information**
 - **If you receive child support please provide your case number to allow the agency to get the information on that income.**
- 5. Sign and date the application**
- 6. Mail the application, fuel bill and income proof to the Community Action Agency serving your county as soon as possible.**
 - **The sooner the agency receives it the sooner your application can be processed to determine the amount of your payment, and the payment made.**
- 7. Keep paying your heat bill as you normally would to avoid being shut off.**
 - **You will get a letter telling you of the amount of payment that will be sent to your fuel company, or to you if your company does not participate, or you heat with wood.**
- 8. If the head of the household and/or spouse are over 65, this application can be sent beginning September 1, 2005. If you are determined eligible, payment will not be made until October 7, 2005. All applications will begin being accepted October 1, 2005.**
- 9. If you have questions or need help in completing this application, call the Community Action Agency serving your county. CAA information can be found at <http://communityaction.org/CAAServiceAreas.htm>**

Missouri Department of Social Services
Family Support Division
Low Income Home Energy Assistance Program (LIHEAP)
Heating and/or Cooling Assistance 05/06 Application

EA App _____ **AGENCY USE ONLY**

Winter ECIP _____

Winter ECIP _____

Summer ECIP _____

Summer ECIP _____

**PLEASE READ ENCLOSED
INSTRUCTIONS CAREFULLY**

HOUSEHOLD INFORMATION:

If the address above is incorrect, please cross out and print corrections below:

Address: _____ Phone: _____

List all persons living in your home, starting with self. Attach additional list if more than six (6).

Name	Social Security No.	Birthdate	Relationship	Sex (M/F)	Race	US Citizen (yes/no)
			SELF			
			SPOUSE			

Are you receiving Food Stamps at the time of this application? (Yes/No) _____ Everyone in Household receiving? _____

If there are persons listed that are NOT listed in your Food Stamp file, you may be asked to provide additional information.

Do you own your home? (yes/no) _____ Has the home been weatherized? (yes/no) _____

Are your energy utilities included in your rent? (yes/no) _____ (If yes, please leave this box blank.)

What is the PRIMARY heating source of your home? ☐ Natural Gas ☐ Electric ☐ Kerosene ☐ Fuel Oil
☐ Tank Propane ☐ Cylinder Propane ☐ Wood

Fuel Supplier Name: _____ City: _____

Customer Account Name: _____ Account Number: _____

What is the SECONDARY energy source of your home? ☐ Natural Gas ☐ Electric ☐ Kerosene ☐ Fuel Oil
☐ Tank Propane ☐ Cylinder Propane ☐ Wood

Fuel Supplier Name: _____ City: _____

Customer Account Name: _____ Account Number: _____

COPY OF CURRENT BILL MUST BE ATTACHED.

If you do not pay your energy source directly, how is this paid? Please provide landlord information.

☐ Billed separately by landlord Landlord Name: _____ Phone: _____

☐ Costs included in rent Address: _____

☐ Renting subsidized housing/Section 8. Heat Included.

INCOME INFORMATION

Does anyone listed in household have income from a job? (yes/no) _____

If yes, please list information for each household member below and attach copies of prior months wage stubs.

NAME	EMPLOYER	DATE EMPLOYED	HOW OFTEN PAID	GROSS PAY

Did anyone listed in your household pay child support last month to someone outside the home? (yes/no) _____

If yes, how much? \$_____ (Must attach proof or expense not allowed.)

Does anyone listed in your household have income from self-employment? (yes/no) _____

If yes, please send a copy of most recent federal income tax forms (Form 1040) for each person with self-employment.

Does anyone listed in your household have unearned income? (yes/no) _____

If yes, please fill out below and attach proof of this income. Attach additional lists if more room is needed.

SOURCE	WHO RECEIVED	AMOUNT	HOW OFTEN PAID
Social Security			
Supp Sec Income (SSI)			
TANF Grant, SAB, BP, SP, Foster Care			
Alimony or Child Support Child Support Case Number:			
Unemployment Comp.			
Veterans Benefits			
Pensions			
Railroad Retirement			
Rent-Land/Buildings			
Money from relatives/organizations			
Armed Forces Allotment			
Union Funds/Strike Benefits			
Workmen's Comp or Sick Benefits			
Other, Specify:			

RESOURCE INFORMATION. Complete this section ONLY if household has one or more of these resources.

TYPE	HOW MUCH	TYPE	HOW MUCH
Checking: Single/Joint Acct		Stocks/Bonds and Mutual Funds	
Savings: Single/Joint Acct		IRA/KEOUGH and Deferred Compensation Plans	
Certificates of Deposits (CD) Annuities and Money Mrkts			

I hereby apply for assistance under the LIHEAP laws of the State of Missouri administered by the Department of Social Services (DSS). I declare that the information I have given is true, correct, and complete to the best of my knowledge. I realize that the information which I have given on this application will be subject to verification by the contracted Missouri Community Action Agency (MCAA). If any household member declared on my application is currently receiving food stamps, TANF, or child support, I hereby authorize the contracted MCAA to use my Family Support Division (FSD) file to document income and resource eligibility for LIHEAP. I hereby authorize the contracted MCAA and FSD to release information relating to my application for LIHEAP to my fuel supplier to determine eligibility. I give permission to DSS to use information provided on this form for purposes of research, evaluation and analysis of the program. I understand that I may be fined, imprisoned or both under state or federal law if I make false statement(s) on this application in order to get benefits I am not entitled to receive.

SIGNATURE ►	DATE ►
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RETURN THE COMPLETED/SIGNED APPLICATION WITH ATTACHMENTS TO THE ADDRESS LISTED ON FRONT OF APPLICATION. PLEASE BE SURE YOU HAVE READ THE ENCLOSED INSTRUCTIONS CAREFULLY BEFORE MAILING.